

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

Application No. 10/525,139

Filed: February 16, 2005

For: DELAY LINE FOR MULTIPLE PROPAGATION PATHS RECEPTION

Art Unit: 2611

Examiner: Aristocratis Fotakis

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<u>\$ 130</u>	<u>\$ 65</u>	<u>\$ 130.00</u>
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<u>\$ 490</u>	<u>\$ 245</u>	<u>\$ 0</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	<u>\$ 1110</u>	<u>\$ 555</u>	<u>\$ 0</u>
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	<u>\$ 1730</u>	<u>\$ 865</u>	<u>\$ 0</u>
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	<u>\$ 2350</u>	<u>\$ 1175</u>	<u>\$ 0</u>

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account #50-1123.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-1123.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐

applicant/inventor.

☐

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒

attorney or agent of record. Registration Number 32,920

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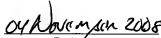
attorney or agent under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34 _____



Signature

William J. Kubisa

Typed or printed name



Date

(719) 448-5909

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐

Total of 1 form is submitted.